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ABSTRACT

A free response self-evaluation instrument to determine the existence of communication apprehension or anxiety has been used at Pennsylvania State University and Mansfield State College in Pennsylvania as part of their programs to identify reticent and communication apprehensive students. The instrument is administered as an assignment on the first day of class and again during the final week of class. In a short essay, students are asked to discuss what they experience when they are involved in various problematic communication situations, focusing on the behaviors they exhibit while attempting to communicate in these situations and how they would change their behavior to improve their communication in these instances. The students also describe those situations in which they feel satisfied with their communication behavior. This extensive self-evaluation provides the instructor with information on students' misconceptions about communication and any unrealistic expectations they may have. Student responses on the second self-evaluation focus on their improvements and on their heightened sense of confidence. If students believe they are more confident and are using effective communication behaviors and techniques, for all "practical" purposes they are no longer communication apprehensive. (HTH)

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A Description of a Self-Evaluation Measure of Communication Apprehension

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A Description of a Self-Evaluation Measure of Communication Apprehension

In the past 20 years, speech communication professionals have demonstrated considerable interest in those students whom they have identified as reticent, communication apprehensive, or shy. Several measures have been developed to determine the existence of anxiety, apprehension, and reticence in those participating in a variety of communication situations. Moreover, a number of journal articles and convention papers have argued for and against the validity of these measures.[1] The purpose of this paper is to describe a free response, communicator self-evaluation instrument and to discuss its potential as a measure of students' communication problems.[2]

The instrument to be described has been used at Pennsylvania State University and Mansfield State College as part of their programs for reticent and communication apprehensive students. While the possibility that respondents will offer false information cannot be entirely eliminated from any self-report measure of communication apprehension,[3] one that utilizes a free response format requires that students use their own language to indicate their communication behaviors; thus they are not confined to describing themselves in the words of the scholar who devised the instrument, words which may or may not be relevant to particular students.

The instrument is administered as an assignment given initially the first day a class convenes and then again sometime during the final week of class meetings. In a short essay of one to two pages, students are asked to discuss what they experience when they are involved in various communication situations which are problematic for them. Their discussion is to focus on the <u>behaviors</u> which they exhibit while attempting to communicate in these situations. A student may note, for example, that her throat feels dry and her palms sweat while she is

speaking with an authority figure. In addition to discussing the problems encountered in each setting, students are asked to indicate how they would change their own behavior in order to improve their communication in each instance. Finally, students are instructed to describe those situations in which they generally feel satisfied with their communication behavior and to indicate precisely what they do during those situations to render them satisfactory. This extensive self-evaluation provides the instructor with a fairly clear idea of how each students perceives him/herself as a communicator in a variety of settings. Furthermore, the evaluation yields specific data regarding the communication behaviors which each student considers bothersome; these data are necessary to the goal identification process in which students select those behaviors which they intend to attempt to change. Data produced by the evaluation also provide an instructor with information concerning students' misconceptions about communication and unrealistic expectations which they may have.

For a communication class based on the rhetoritherapy concept,[4] in which the goal setting referred to above is an integral part, the self-evaluation instrument supplies students with a list of behaviors which they can attempt to modify appropriately. Moreover, those behaviors which are identified as most undesirable can be addressed first. When students themselves choose the behaviors they wish to alter, when they are responsible for defining their goals, they are likely to be more motivated to implement the desired change. The self-evaluation instrument is especially helpful to students as an initial step toward recognizing communication problems and identifying goals and represents a <u>written</u> commitment to change which they can later use to compare their behavior before and after instruction. As students master new behaviors, they experience greater satisfaction with themselves and increased confidence in their ability to communicate effectively.

Obviously, one of the disadvantages of a free response instrument is that the user has limited control over what students choose to report, and unfortunately it has been more difficult to persuade students to discuss their communication in behavorial terms then it has been to persuade them to adopt new behaviors. However,

students enrolled in Mansfield State College's Alternative Approach to Speech 101, Oral Communication, have, in most instances, been quite accurate in describing those characteristics which render their communication unproductive. Those few behaviors which they may be unaware of can be brought to their attention and corrected after they have attended to those which are most bothersome. Whether the instructor believes that the behaviors a student selects to alter are those which should be altered so that the student's reticence can be significantly reduced is not important. What is important is that the instructor discuss with each student those behaviors which are to be addressed first. Fifty-nine students have completed Mansfield's program in the past three years. The behaviors which students have identified as problematic are presented in Table 1. For each communication situation, the category labeled "other" contains a potpourri of responses each of which was mentioned fewer than five times. For example, two students listed "tense hands" as characteristic of them when involved in the public communication setting. Two students reported "feeling faint" when confronted with the task of speaking publicly.

As indicated previously, at the end of the course of instruction, students write a second evaluation of themselves as communicators. Their responses appear classified in Table 2. From the categories listed, it is apparent that their comments focused primarily on the improvements they achieved and the heightened sense of confidence they experienced after accomplishing their goals. Because the content of the "before training" responses is substantially different from that of the "after training" responses, it is difficult to compare the two, in a traditional way, in order to gauge the effectiveness of the instruction offered. However, these students' perceptions of their communication problems following training are reflected not only in what they choose to report, but also in what they selectively omit reporting. Only one student reported experiencing any of the physical reactions generally associated with apprehension which several referred to frequently in their initial papers. Thus it can be assumed that

these physical manifestations either no longer exist or are no longer considered to be problems by the students. (That student who experienced a physical reaction indicated that he continued to perspire when delivering a speech or when conversing with his fiancee's relatives. He did, however, claim that he did not perspire as much, nor for as long as he did formerly.)

The fact that all these students have not commented on overcoming each of the negative behaviors they listed in their first papers should not be construed to mean that they still exhibit such behaviors. Indeed, observation would indicate the contrary. Many of the students believed that behaviors such as insufficient volume, inappropriate gestures, and poor eye contact were visible signs of their anxiety. By the end of the course, they maintained that they "felt confident" in various communication situations although it is true that almost all of the students admitted that they could still improve their ability to speak publicly with a smoother delivery, or improve their participation in conversation or group discussion by contributing still more. In fact, all students stated or implied that they wanted to continue to improve in one area of communication or another.

It seems evident that if these students believe that are more confident when communicating, if they appear to be and act more confident, and if they are using effective communication behaviors and techniques, for all <u>practical</u> purposes they are no longer communication apprehensive or reticent. Since the free response self-evaluation instrument provides the instructor with specific information about an individual's perceived communication problems, it should be given careful consideration by those attempting to help the communication apprehensive, shy, or reticent student.

TABLE 1

Problems Indicated by 59 Students in Three Communication Situations Before Training

ONE TO MANY

Problem	#	%
speaking too fast	32	17
sick, empty, or anxious feeling	27	15
shaking	20	11
poor eye contact	19	10
forgetting part of a speech	16	9
choppy delivery	16	9
hot or flushed face	14	8
inappropriate gestures	11	6
other	28	15
Total Responses	183	100

CLASS PARTICIPATION

Problem	#	%
inability to make comments	8	36
inability to ask or answer questions	6	28
other	8	36
Total Responses	22	100

INTERPERSONAL SITUATIONS

Problem	#	%
poor eye contact	6	23
uneven conversational tone	6	23
difficulty in expressing thoughts	5	19
other	9	35
Total Responses	26	100

TABLE 2

Accomplishments Indicated by 59 Students After Training

ACCOMPLISHMENTS	#	%
greater self-confidence in class or group situations	34	17
greater self-confidence in public speaking	31	15
greater overall confidence	25	12
improved eye contact	19	9
improved voice	18	9
greater self-confidence with authority figures	17	8
improved delivery in public speaking	16	8
greater self-confidence in social situations	15	7
reduced anxiety	13	6
improved gestures	11	5
other	4	2
Total Responses	203	100

List of References

1. For example see:

   John A. Daly and Richard L. Street, Jr., "Measuring Social-Communicative Anxiety: Social Desirability and the Fakability of Scale Responses," Human Communication Research, 6 (1980), 185-189; John A. Daly, "The Assessment of Social-Communicative Anxiety Via Self-Reports: A Comparison of Measures," Communication Monographs, 45 (1978), 204-218; David R. Seibold and Robert D. McPhee, "A New Analysis of Daly's 'Assessment of Social-Communication Anxiety Via Self-Reports: A Comparison of Measures,'" Communication Monographs, 47 (1980), 149-152; D. Thomas Porter, "Self-Report Scales of Communication Apprehension and Automatic Arousal (Heart Rate): A Test of Construct Validity," Speech Monographs, 41 (1974), 267-276; James McCroskey, "Validity of the PRCA as an Index of Oral Communication Apprehensive," Communication Monographs, 45 (1978), 192-203.

2. The free response report is based on the Self-as-Communicator paper devised by Dr. Gerald M. Phillips of Penn State University.

3. Daly and Street.

4. Gerald M. Phillips, "Rhetoritherapy Versus the Medical Model: Dealing with Reticence," Communication Education (1977), 34-43.